

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼

2831 Lone Oak Road

☐ Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer

Laxmaiah Manchikanti MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		337435.46
(b) Cash on Hand at Beginning of Reporting Period.....	357996.81	
(c) Total Receipts (from Line 19)	32473.73	74494.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	390470.54	411929.67
7. Total Disbursements (from Line 31)	17423.29	38882.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	373047.25	373047.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
02 01 2014

To:

M M / D D / Y Y Y Y
02 28 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

27129.49

68310.31

(ii) Unitemized

25.00

583.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

27154.49

68893.98

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

27154.49

68893.98

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5319.24

5600.23

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

32473.73

74494.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

32473.73

74494.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2423.29	6382.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2423.29	6382.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	32500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17423.29	38882.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17423.29	38882.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27154.49	68893.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27154.49	68893.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2423.29	6382.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2423.29	6382.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Steve Aydin MD

Mailing Address 85 Walsh Drive

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.11007

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City

Greenville

State

MS

Zip Code

38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11AI.11053

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

c. Jeffrey Berg MD

Mailing Address 12206 Lucas Lane

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11AI.11008

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

782.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Donald Bernardini MD

Mailing Address 2729 Broad Bay Road

City State Zip Code
 Virginia Beach VA 23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : SA11AI.11034

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Berryman MD

Mailing Address 1810 Stadium Drive

City State Zip Code
 Phenix City AL 36867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Phenix City Pain Management

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.11017

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

c. Sarah Blake MD

Mailing Address 914 Neil Avenue

City State Zip Code
 Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.11018

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Thomas Brooks MD

Mailing Address 619 S. 184 Street

City

Elkhora

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : SA11AI.11027

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Anjun Bux MD

Mailing Address P.O. Box 264

City

Danville

State

KY

Zip Code

40423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Danville Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.11021

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Aaron Calodney, MD

Mailing Address P.O. Box 130577

City

Tyler

State

TX

Zip Code

75713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2014

Transaction ID : SA11AI.11036

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Roland Chalifoux DO

Mailing Address 1001 W. Baltimore St.

City State Zip Code
 McMechen WV 26040

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Pain Management

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 11 / 2014

Transaction ID : SA11AI.11011

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kenneth Chapman MD

Mailing Address 860 Fifth Avenue

City State Zip Code
 New York NY 10065

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Spine and Pain Institute

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 06 / 2014

Transaction ID : SA11AI.10998

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Edward Chen MD

Mailing Address 2840 West Bay Dr.
 #227

City State Zip Code
 Belleair Bluffs FL 33770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 06 / 2014

Transaction ID : SA11AI.10999

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Edward Chen MD

Mailing Address 2840 West Bay Dr.
#227

City State Zip Code
Belleair Bluffs FL 33770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.11022

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. James Culver MD

Mailing Address 6263 Canter Creek Trail

City State Zip Code
Grand Blanc MI 48439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pain Management Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 11 / 2014

Transaction ID : SA11AI.11014

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Filley MD

Mailing Address 10507 E. Wildwind Cir.

City State Zip Code
Spring TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

02 / 26 / 2014

Transaction ID : SA11AI.11050

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. James Fontaine MD

Mailing Address 5725 W. Las Positas
#200

City State Zip Code
Augusta GA 30917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Augusta Pain Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.11037

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michel Gevaert MD

Mailing Address 3801 University Lake Drive

City State Zip Code
Anchorage AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Spine Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.11040

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Carlos Giron MD

Mailing Address 3356 Vineville Ave

City State Zip Code
Macon GA 31204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pain Institute of Georgia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.11000

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.32

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11Al.11054

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

B. Perry Haney MD

Mailing Address P.O. Box 6680

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spine One, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11Al.11001

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. James Hough MD

Mailing Address 5614 Foxfire Lane

City

Lohman

State

MO

Zip Code

65053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Pain Specialists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11Al.11051

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1669.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City State Zip Code
 Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.11055

Amount of Each Receipt this Period

416.66

Contribution

Full Name (Last, First, Middle Initial)

B. Donald Jones MD

Mailing Address 200 New York Avenue

City State Zip Code
 Oak Ridge TN 37830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.11023

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dan Kloster MD

Mailing Address 4021 Brookridge Drive

City State Zip Code
 Fairway KS 66205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Interventional Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.11004

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5916.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Jonathan Kuo MD

Mailing Address 350 Broadway
Suite 200

City State Zip Code
New York NY 10013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2014

Transaction ID : SA11AI.11041

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Lampert MD

Mailing Address 4367 E. Bogey Ct.

City State Zip Code
Springfield MO 65809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. John's Physicians

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 19 / 2014

Transaction ID : SA11AI.11035

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nancy Layton MD

Mailing Address 4663 N. US Hwy 1

City State Zip Code
Melbourne FL 32935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2014

Transaction ID : SA11AI.11042

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Eric Loudermilk MD

Mailing Address 112 Carter Oak Rdg.

City State Zip Code
Anderson SC 29621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.11028

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Malik Momin MD

Mailing Address 6271 Ryecroft Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Susquehanna Valley

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.11048

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Allan Parr MD

Mailing Address 7015 Highway 190 East Service Road

City State Zip Code
Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Premier Pain Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11AI.10996

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City	State	Zip Code
Malibu	CA	90265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2014

Transaction ID : SA11AI.11056

Amount of Each Receipt this Period

166.67

Contribution

Full Name (Last, First, Middle Initial)

B. Christopher Russo MD

Mailing Address 201 W. Fulton Street

City	State	Zip Code
Grand Rapids	MI	49503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Javery Pain Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

Transaction ID : SA11AI.11031

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Francis Saldanha MD

Mailing Address 4507 Staunton Avenue

City	State	Zip Code
Charleston	WV	25304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2014

Transaction ID : SA11AI.11052

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

666.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Sadiq Sohani MD

Mailing Address 19 Conventry

City State Zip Code
Dalton GA 30720

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSPM

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11AI.11024

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Selina Xing MD

Mailing Address 620 Stanton-Christiana Road

City State Zip Code
Newark DE 19713

FEC ID number of contributing
federal political committee.

C

Name of Employer

AdvanceXing Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.11045

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Allan Zacher MD

Mailing Address 44 Armstrong Dr.

City State Zip Code
Lake Junaluska NC 28745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.11049

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

27129.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.88

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA17.11065

Amount of Each Receipt this Period

15.89

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.66

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA17.11067

Amount of Each Receipt this Period

271.78

Dividends earned

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.23

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA17.11068

Amount of Each Receipt this Period

5031.57

Change in investment

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5319.24

5319.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		2	8		2	0	1	4		

Mailing Address 3151 Jackson Street

Transaction ID : SB21B.11063

City Paducah State KY Zip Code 42003

Amount of Each Disbursement this Period

Purpose of Disbursement
Payment for credit card fees

Category/
Type

2084.58

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		2	8		2	0	1	4		

Mailing Address 3151 Jackson Street

Transaction ID : SB21B.11064

Amount of Each Disbursement this Period

City Paducah State KY Zip Code 42003

Purpose of Disbursement
Brokerage fees

Category/
Type

338.71

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2423.29

2423.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. JOHN S FUND

Mailing Address PO BOX 853

City	State	Zip Code
EDWARDSVILLE	IL	62025

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : SB23.11060

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

Purpose of Disbursement
Political Contribution

Candidate Name

PAT ROBERTS

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KS District: 00

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : SB23.11061

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement
Political Contribution

Candidate Name

JOHN M SHIMKUS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 19

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : SB23.11058

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

15000.00
